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S100-DIV2

PTO/SB/05 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE
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UTILITY PATENT APPLICATION **TRANSMITTAL**

Please type a plus sign (+) inside this box → +

First Inventor Greenberg Title Retinal Color Prosthesis for color sight restoration

(Only for new	v nonprovisional applications under 37 CFR 1.53(b)) EXPRESS	Viaii Labei IVo.	EL 51	16 675 931 US	
	APPLICATION ELEMENTS		Assistant	Commissioner for Patents	
See MPEP	chapter 600 concerning utility patent application contents	ADDI	RESS TO: Box Pate	nt Application	
1.	ee Transmittal Form (e.g., PTO/SB/17) Submit an original, and a duplicate for fee processing) pplicant claims small entity status. ee 37 CFR 1.27. pecification [Total Pages 78] Descriptive title of the invention Cross Reference to Related Applications Statement Regarding Fed sponsored R & D Reference to sequence listing, a table, or a computer program listing appendix Background of the Invention Brief Summary of the Invention Brief Description of the Drawings (if filed) Detailed Description Claim(s)	7. CD-Cor 8. Nucleotide (if applicable a. b. Spe ii c.	Washingt ROM or CD-R in dup inputer Program (App and/or Amino Acid S a, all necessary) Computer Readab ecification Sequence CD-ROM or C paper Statements verifyi	con, b.c. 20231 5 Dilicate, large table or chendix) Sequence Submission Dile Form (CRF)	
4.	Abstract of the Disclosure rawing(s) (35 U.S.C. 113) [Total Sheets 32] Declaration [Total Pages 3] Newly executed (original or copy) Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) pplication Data Sheet. See 37 CFR 1.76	10. (when 11. Engl 12. Information 13. Preliminary 14. (Shoot 15. (Shoot 16. Require) 16. (17. Other 17. Other 17. (18. (17. (17. (17. (17. (17. (17. (17. (17	l)(B)(i). Applicant mus equivalent.	Power of Attorney Iment (if applicable) 49 Copies of IDS Citations (MPEP 503) ed) Document(s) I under 35 U.S.C. 122 ust attach form PTO/SB/35	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76. Continuation Divisional Continuation-in-part (CIP) of prior application No.: 09/515/373 Prior application information: Examiner F. Oropeza Group / Art Unit 3762 For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.					
	19. CORRESPO				
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below					
Name	Second Sight, LLC 282	84			
IVAIIIE	PATENT TRADE	MARK OFFICE			
Address	Address P.O. Box 905				
City	Santa Clarita State	California	Zip Code	91380-9005	
Country	USA Telephone	661-775-3995 ext.	3129 Fax	661-775-1595	
Name Signate	(Pnnt/Type) Scott B. Durbar	Registratio	on No. (Attorney/Agent) Date	37,124	

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PTO/SB/17 (XX-XX)

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

Hall that

Signature

\$520.00

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Application Number		<u>r-</u>
Filing Date		ON
First Named Inventor	Greenberg	<u>"</u> 6
Examiner Name	=	D.C.
Group Art Unit		~~
Attorney Docket No.	S100-DIV2	
		-

METHOD OF PAYMENT	FEE CALCULATION (continued)						
1. The Commissioner is hereby authorized to charge			ITIONAL FEES			ŧ	
indicated fees and credit any overpayments to: Deposit	Large E	Intity Fee	Small Fee	Entity Fee	For Boardation		
Account Number 50-0922	Code	(\$)	Code	(\$)	Fee Description	Fee Paid	
Deposit	105	130	205		Surcharge - late filing fee or oath		
Account Name Second Sight, LLC	127	50	227	20	Surcharge - late provisional filing fee or cover sheet		
Charge Any Additional Fee Required	139	130	139	130	Non - English specification		
Annicant elementario estatua		2,520			For filing a request for ex parte reexamination		
Applicant claims small entity status See 37 CFR § 1 27	112	920*	112	920*	Requesting publication of SIR prior to Examiner action		
2. Payment Enclosed:	113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action		
☐ Check ☐ Credit card ☐ Money ☐ Other	115	110	215	55	Extension for reply within first month		
FEE CALCULATION	116	400	216	200	Extension for reply within second month		
1. BASIC FILING FEE	117	920	217	460	Extension for reply within third month		
Large Entity Small Entity	118	1,440	218	720	Extension for reply within fourth month		
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	128	1,960	228	980	Extension for reply within fifth month		
101 740 201 370 Utility filing fee 370.00	119	320	219	160	Notice of Appeal		
106 330 206 165 Design filing fee	120	320	220	160	Filing a brief in support of an appeal		
107 510 207 255 Plant filing fee	121	280	221	140	Request for oral hearing		
108 740 208 370 Reissue filing fee	138	1,510	138	1,510	Petition to institute a public use proceeding		
114 160 214 80 Provisional filing fee	140	110	240	55	Petition to revive - unavoidable		
SUBTOTAL (1) \$370.00	141	1,280	241	640	Petition to revive - unintentional		
	142	1,280	242	640	Utility issue fee (or reissue)		
2. EXTRA CLAIM FEES Fee from		460	243	230	Design issue fee		
Extra Claims below Fee Paid	144	620	244	310	Plant issue fee		
Total Claims 32 -20** = 12 X 9.00 = 108.00 Independent 4 - 3** = 1 X 42.00 = 42.00 Multiple Dependent =		130	122		Petitions to the Commissioner		
		50	123		Processing fee under 37 CFR § 1 17(q)		
Large Entity Small Entity	126	180	126	180	Submission of Information Disclosure		
Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40	Statement Recording each patent assignment per property (times number of properties)		
103 18 203 9 Claims in excess of 20	146	740	246	370	Filing a submission after final rejection		
102 84 202 42 Independent claims in excess of 3	149	740	249	370	(37 CFR § 1.129(a)) For each additional invention to be examined		
104 280 204 140 Multiple dependent claim, if not paid	•				(37 CFR § 1.129(b))		
109 84 209 42 ** Reissue independent claims over original patent	179	740	279		Request for Continued Examination (RCE)		
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	169 Otha	900	169	900	Request for expedited examination of a design application		
	Othe	eriee (:	specify)				
SUBTOTAL (2) \$150.00							
**or number previously paid, if greater, For Reissues, see above	*Red	uced b	y Basic	Filing I	Fee Paid SUBTOTAL (3)		
SUBMITTED BY					Complete (if applicable)		
Name (Print/Type) Sept B. Dunbar		Registra Attornev	ation No		37,124 Telephone 661-775-3995 e	ext. 3129	

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Date

CERTIFICATE OF I	MAIL" (37 CFR 1.10)	Docket No. S100-DIV2			
Serial No.	Filing Date	Examiner 	Group Art Uni		
Invention: RETINAL C	OLOR PROSTHESIS FOR COL	OR SIGHT RESTORATION			
I hereby certify that the	e following correspondence:		ı		
Divisional Patent Application (Identify type of correspondence)					
		ce "Express Mail Post Office to A			
10/18/2 (Date	2001		g.c, 270. 2020 . C.		
15. 15. 15. 15. 15. 15. 15. 15. 15. 15.		Emily M. Stua (Typed or Printed Name of Person Mai (Signature of Person Mailing Co	ling Correspondence)		
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